

Rutland's Community-Wide Narcotics Protocol

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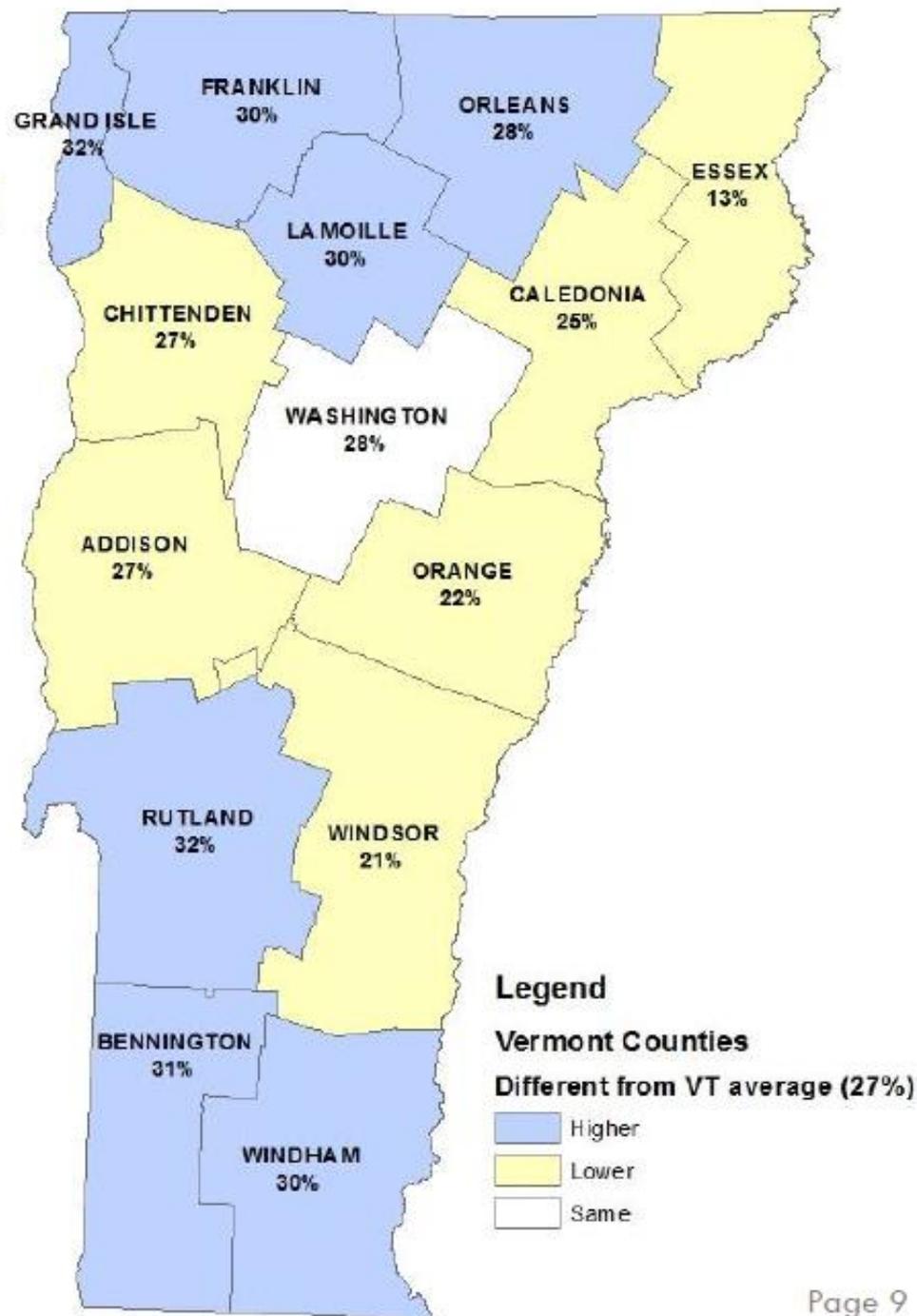
Community Partnership

- Rutland Regional Medical Center (RRMC)
- Community Health Centers of the Rutland Region (CHCRR)
 - Executive Leadership
 - Physician Leaders
 - RRMC ED Director & CHCRR Medical Director
 - Admin Leaders
 - Community Relations
 - IT Consultants
 - Pharmacy Leader

Percent of Vermonters receiving at least one prescription

Percent of Vermonters who received at least one prescription for a Schedule II-IV prescription by county

Sources: Vermont Prescription Monitoring System FY 2012, and US Census 2010



By DAVID AMSDEN

The New Face of Heroin

PHOTOGRAPH BY FREDRIK BRODEN

EVE RIVAIT RODE HER FIRST HORSE WHEN SHE WAS FIVE, too small to get her feet through the stirrups, let alone give the animal a kick that registered. Yet even then, bouncing in the saddle, she was aware that being on the back of a horse provided relief from the boredom and isolation that, for her, were a more dominant part of growing up in Vermont than the snowcapped mountains and autumn foliage that draw millions of tourists to the state each year. As Eve got older, she began spending afternoons exercising the herd at Missy Ann Stables, not far from her home in Milton, a working-class town of about 10,000 located along Lake Champlain, some 30 minutes north of Burlington. Before she could drive a car, Eve was training horses at various barns in the area,



A National Problem

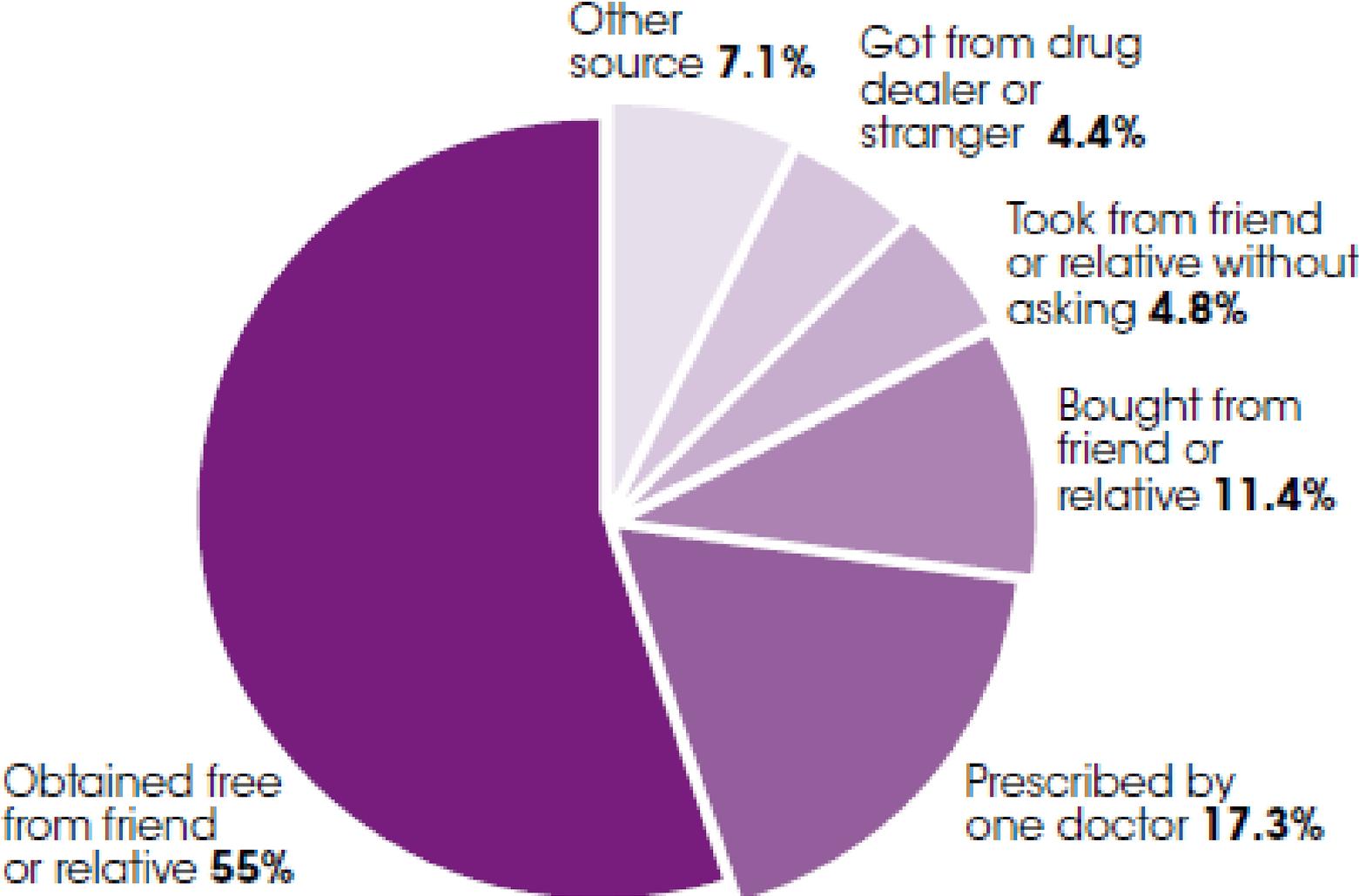


Prescription Painkiller Use at Record High for Americans

April 20, 2011

“The United States makes up only 4.6 percent of the world's population, but consumes 80 percent of its opioids -- and 99 percent of the world's hydrocodone, the opiate that is in Vicodin”

People who abuse prescription painkillers get drugs from a variety of sources⁷



Alarming Trends

■ The role of prescription painkillers

- Nearly 75% of prescription drug overdoses are caused by prescription painkillers
- Prescription Painkillers were involved in 14,800 overdose deaths in 2008, more than cocaine and heroin combined.
- The misuse and abuse of prescription painkillers was responsible for more than 475,000 emergency department visits in 2009, a number that nearly doubled in just five years.
- More than 12 million people reported using prescription painkillers non-medically in 2010

Pressure to Prescribe

- Joint Commission in 1999 began emphasizing pain management as a “major, yet avoidable, health problem.”
- In 2000 the Veterans Health Administration initiated a National Pain management Strategy (“Take 5”)
- CMS.gov Hospital Compare Survey: Patients who reported that their pain was “Always” well controlled

Project Team

Rutland Regional Medical Center (RRMC)

- Tom Huebner, CEO
- Todd Gregory, MD
 - ED Medical Director
- Mike Kenosh, MD
 - PM&R Medical Director
- Tom Rounds, RN
 - ED Director
- Jill Jesso-White
 - Community Relations
- Jonathan Reynolds, Pharm.D.
 - Pharmacy Director
- Chris Notte
 - IT/EMR Specialist

Community Health Centers of the Rutland Region (CHCRR)

- Grant Whitmer, Exec. Dir.
- Brad Berryhill, MD
 - Medical Director
- George Fjeld, MD
 - Practice Med Director
- Claudia Courcelle, RN
 - Clinical Director
- Stephanie Czachor
 - Clinical Admin Support

Rutland County Controlled Substance Collaborative

- Rutland Regional Medical Center (RRMC)
 - Emergency Department
 - All Affiliated Practices
 - Community Health Centers of the Rutland Region (CHCRR)
 - 5 Primary Care Sites
-
- Any Primary, Specialty, or Dental Care Practice

Project Goals

- Develop congruent clinical processes that are in alignment with the Vermont Board of Medical Practice *Policy on the Use of Opioid Analgesics in the Treatment of Chronic Pain* and the Vermont Prescription Monitoring System mandates
- Standardize and coordinate the management of chronic, or recurrent pain, with the goal of improving clinical outcomes, enhancing patient safety and preventing the misuse of controlled substance.

Deliverables

- Shared Protocols
- Common Informed Consent / Treatment Contracts
- Shared CHCRR/RRMC “Registry”
- Patient/Community Education Plan

Shared Protocol Principles

1. We strive to **coordinate the care** of patients with chronic or recurrent pain conditions with primary care and specialist doctors.
2. **One doctor should prescribe** all your narcotic or controlled medications.
3. **Certain chronic and recurrent pain conditions may not be adequately treated** using narcotic medications as a mainstay of treatment.
4. We will treat worsening of chronic or **recurrent pain conditions with non-narcotic medications**
5. **Hospitals and pharmacies share medical information** and we may obtain your records from other facilities.
6. Prescriptions for controlled medications will only be given to patients who present a valid, government issued **photo identification**.
7. We **will not replace lost or stolen prescriptions** for controlled medications
8. We **will not provide replacement doses of methadone** for patients in a methadone treatment program who have missed a dose.

Common Informed Consent / Contracts

■ Consent

- Rationale
- Indications
- Side-Effects
- Risks
- Responsibilities – taking / managing

■ ALL patients receiving opiates for chronic or recurrent pain



Common Treatment Contracts

■ Contract

- Rationale – personal and public safety
- Re-emphasize protocol principles
- Allows information sharing between providers, law enforcement
- Drug screening, pill counts
- Additional consultation (Pain, BH, SA)

■ ALL patients receiving opiates for chronic or recurrent pain



Shared CHCRR/RRMC “Registry”

- Develop an electronic method of sharing information between providers regarding who is being treated under an opioid treatment contract.
 - Short-term: Contracts scanned into EMR
 - Long-term: Shared remote access to an electronic registry

Patient/Community Education Plan

■ Goals:

- Increase public awareness
- Build patient support
- Provide support for individual prescribers
- Shift patient expectations

■ Strategies

- Posters
- Print Media
- Television

Keys To Successful Implementation

- Shared Sense of Urgency
- Executive Leadership
 - Commitment and accountability
- Key Physician Leadership
 - Influence, persuasion, authority
- Implementation Support
 - Boots on the ground



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Questions?